

09/832 786

10705F-186 110F 3-186 14

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	15	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	15 minus 20 =	5
INDEPENDENT CLAIMS	3 minus 3 =	0
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

\* If the difference in column 1 is less than zero, enter "0" in column 2

4/12/04 CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	15	Minus 20	=
Independent	3	Minus 3	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

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	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	15	Minus 20	=
Independent	3	Minus 3	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total		Minus	=
Independent		Minus	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE	OTHER THAN SMALL ENTITY
RATE	FEES
BASIC FEE	355.00
OR	BASIC FEE
X\$ 9=	710.00
OR	X\$18=
X40=	—
OR	X80=
+135=	—
OR	+270=
TOTAL	710
OR	TOTAL

SMALL ENTITY	OTHER THAN SMALL ENTITY
RATE	ADDITIONAL FEE
OR	RATE
X\$ 9=	X\$18=
OR	X80=
X40=	—
OR	+270=
+135=	—
TOTAL ADDIT. FEE	TOTAL ADDIT. FEE
OR	OR

ADDITIONAL FEE	ADDITIONAL FEE
X\$ 9=	X\$18=
OR	X80=
X40=	—
OR	+270=
+135=	—
TOTAL ADDIT. FEE	TOTAL ADDIT. FEE
OR	OR

ADDITIONAL FEE	ADDITIONAL FEE
X\$ 9=	X\$18=
OR	X80=
X40=	—
OR	+270=
+135=	—
TOTAL ADDIT. FEE	TOTAL ADDIT. FEE
OR	OR